REDUCING
Tobacco Use

A Discussion Paper for Manitobans

July, 1999

101-02941/

Partners To Reduce Tobacco Use in Manitoba:

- **The Alliance for the Prevention of Chronic Disease**
  - **Canadian Cancer Society, Manitoba Division**
  - **Canadian Diabetes Association, Manitoba Division**
  - **Heart and Stroke Foundation of Manitoba**
  - **Manitoba Lung Association**
  - **The Kidney Foundation of Canada, Manitoba Branch**
  - **The Manitoba Cancer Treatment and Research Foundation**
- **The Council for a Tobacco-Free Manitoba**
- **Manitoba Health**

This discussion document is of a comprehensive nature. While reading the document you are encouraged to consider the following five questions:

- ***"What can my organization do to assist in implementing any of the proposed tobacco strategies?"***
- ***"What can I personally do to assist in implementing any of the proposed tobacco strategies?"***
- ***"Who can my organization, or I, work with to make some of these proposed tobacco strategies happen?"***
- ***"What additional tobacco strategies might be considered?"***
- ***"What can my organization, or I, commit to in implementing any of the proposed tobacco strategies?"***

Preamble

Tobacco consumption in Manitoba has resulted in morbidity and mortality rates of epidemic proportions. The Canadian Cancer Society, Manitoba Division, recognized the need for a provincial tobacco reduction strategy and approached the Alliance for the Prevention of Chronic Disease. A partnership was formed among the Canadian Cancer Society, Manitoba Division, the Alliance, the Council for a Tobacco-Free Manitoba (CTFM) and Manitoba Health to address this health issue. This document on Tobacco Control in Manitoba was coordinated by a Working Group of the Alliance, and representatives from CTFM and Manitoba Health.

This document on Tobacco Control in Manitoba is compatible with the pending Renewed National Strategy Document entitled "New Directions For Tobacco Control in Canada - A National Strategy". Both documents emphasize the three goals of **prevention, protection**, and **cessation**. The fourth goal for Manitoba is **industry accountability**, defined as holding the tobacco industry accountable for its business practices and the damages that result from the use of its products. The fourth national goal is **denormalization** which involves removing tobacco products from being seen as socially acceptable and educating people on the manipulative operations of the tobacco industry. However, the Manitoba document addresses making smoking behaviour socially unacceptable under the goals of prevention, cessation and protection. The components of a Comprehensive Tobacco Control Approach for Manitoba reflect the National Tobacco Control Approach components, which are referred to as strategic directions.

This document is intended to launch a discussion on a comprehensive approach to tobacco control strategies by key stakeholders in Manitoba. Reducing tobacco consumption and its adverse health effects are the shared responsibility of stakeholders. These stakeholders include different levels of government, voluntary (non-government) organizations, regional health authorities, employers, educational institutions, the general public, parents and smokers themselves. Consultations are planned for the purpose of soliciting discussion by stakeholders and obtaining their input on tackling this tobacco use problem in Manitoba. Based on the outcomes of the discussion, an accompanying document titled "What You Told Us" will be prepared by the Canadian Cancer Society, Manitoba Division, the Alliance for the Prevention of Chronic Disease, the Council for a Tobacco-Free Manitoba, and Manitoba Health. This document will be disseminated to achieve commitment from the stakeholders who will be responsible for activating the strategies. Manitobans will be called upon to support and coordinate this Comprehensive Tobacco Control Approach as part of a province-wide effort to protect and improve the health of Manitobans.

This document recognizes the significance of tobacco use among Aboriginal people. However it is not within the expertise of the Working Group of the Alliance for the Prevention of Chronic Disease to design an Aboriginal tobacco control strategies document. Aboriginal groups are encouraged to come together to design their own Aboriginal tobacco control strategies document. This document may serve as a resource.

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Executive Summary

The facts are undeniable and the situation is critical. **Tobacco use** in Manitoba is a leading cause of disease, disability and premature death. The results of tobacco use are significant health, economic and social burdens to all Manitobans. This public health threat requires a comprehensive and coordinated health promotion approach by key stakeholders to noticeably reduce tobacco use in Manitoba. This paper examines Manitoba's current tobacco use situation, summarizes existing provincial and federal legislation and their enforcement, and describes a comprehensive approach to tackling this tobacco epidemic.

A Comprehensive Tobacco Control Approach includes multi-faceted strategies by key stakeholders that target various priority groups in different sites. The goals of a Comprehensive Tobacco Control Approach are:

- **prevention of tobacco use;**
- **protection of non-smokers;**
- **cessation of tobacco use; and**
- **industry accountability.**

To achieve this Comprehensive Tobacco Control Approach, Manitoba needs the commitment of its stakeholders at the national, provincial, municipal and community levels. The purposes of this document are:

- **To present the case for a comprehensive and coordinated approach to reduce tobacco use in Manitoba; and**
- **To solicit the commitment and leadership essential to operationalize this approach and its strategies throughout Manitoba.**

MANITOBA TOBACCO FACTS

Percentage of all Manitobans aged 15-18 years who are occasional (current) & regular (daily) smokers:

females: 36%
males: 35%

Prevalence of smokers aged 15 years and older in Manitoba in 1996-97:

27%

Percentage of surveyed Manitobans aged 9-18 yearswho have at least one of a father, mother, sibling or closest friend who smokes:

females: 71%
males: 70%

Average number of cigarettes smoked per day by daily smokers aged 15 years and older:

17

Percentage of Manitoba children grades 5-12 regularly exposed to second-hand smoke (environmental tobacco smoke) in their homes in 1999:

43%

Number of tobacco-related deaths in Manitoba in 1991
(Tobacco killed more Manitobans than motor vehicle accidents, drugs, suicide, homicide, and AIDS combined in Manitoba.) 1861

Total economic costs of tobacco use in Manitoba in 1992:

$354 million/$318. per capita

Tobacco taxes collected in Manitoba in 1997-98

$113 million

Money spent on 1992 tobacco prevention programs in Manitoba:

$0.2 million ($200,000.)

What legislation exists in Manitoba about tobacco use? How are these laws currently being enforced?

There are two provincial acts dealing with tobacco - the Non-Smokers' Health Protection Act, and the Tobacco Tax Act. There exists one federal act dealing with tobacco -The Tobacco Act. In Manitoba there are two full-time provincial enforcement officers. In Canada, there are forty federal inspectors, along with the federal food and drug inspectors, responsible for enforcing The Tobacco Act. Other federal acts also have designated tobacco inspectors and analysts.

What is a Comprehensive Tobacco Control Approach?

This Approach includes the components — Policy and Legislation; Industry Accountability; Programs and Services; Media and Communications; and Evaluation and Research, which are delivered in different sites such as workplaces, communities-at-large, schools, health care settings and homes, and target different priority groups such as children, youth, and pregnant women. This Approach uses multiple communication channels and multiple interventions, implemented at the provincial and regional levels. By forming partnerships that complement each other, the specific strategies operate synergistically and strengthen and reinforce each other.

A Comprehensive Tobacco Control Approach for Manitoba must include:

- **Policy and Legislation - 20 strategies,**
- **Industry Accountability - 4 strategies,**
- **Programs and Services - 17 strategies,**
- **Media and Communication - 8 strategies, and**
- **Evaluation and Research - 8 strategies.**

Participation, leadership, commitment and concordance are required from stakeholders to effectively coordinate, implement and evaluate a Comprehensive Tobacco Control Approach in Manitoba. Action steps recommended to stakeholders include:

- **Reflect on the questions stated above.**
- **Discuss this document with your organization.**
- **Participate in any consultations for stakeholders and potential partners on a comprehensive approach to tobacco control in Manitoba.**
- **Seek the commitment and concordance of your organization.**
- **Identify specific roles and responsibilities of your organization.**
- **Encourage other stakeholders to demonstrate leadership by placing the tobacco control issue on their business agendas.**

Introduction

The seriousness of tobacco use as a major public health threat is clearly demonstrated in the answers to these five questions.

Questions/Answers

What is hazardous to people's health; a key part of daily life for almost one-third of Manitobans aged 15 years and over; a major risk factor for many chronic diseases; and addictive?

tobacco use [1,2]

How many cigarettes were smoked in Manitoba in 1994 ?

1.49 billion [3,4]

What were the 1992 total economic costs related to tobacco in Manitoba?

$354 million, or $318 per capita [5]

How many Canadians who now smoke will die prematurely as a result of their tobacco use?

over 3 million [6] **(Between one-third and one-half of Canadians who now smoke)**

How many Manitobans aged 15 years and older will die prematurely as a result of their tobacco use?

75,735 [6,7,8]

Tobacco use in Manitoba and Canada is a leading cause of disease, disability and premature death and is a significant economic and social burden. [7] This public health threat requires a comprehensive and coordinated health promotion approach by key stakeholders to noticeably reduce tobacco use in Manitoba. This approach is the shared responsibility of such stakeholders as different levels of government, regional health authorities, non-government voluntary organizations, employers, schools, the general public, parents and families, as well as smokers themselves.

A Comprehensive Tobacco Control Approach aims at: prevention and cessation of tobacco use; protection of non-smokers; and industry accountability. By reducing the current demand for tobacco, stakeholders can reduce the number of Manitobans who will die as a result of a smoking addiction in the future, and reduce the economic burden on Manitobans.

To achieve this Comprehensive Tobacco Control Approach, Manitoba needs the commitment of its stakeholders at the provincial, municipal and community levels. The purposes of this Tobacco Control Paper are:

- **To present the case for a comprehensive and coordinated approach to reduce tobacco use in Manitoba; and**
- **To solicit the commitment and leadership essential to operationalize this approach and its strategies throughout Manitoba.**

This paper examines Manitoba's current tobacco use situation, including existing provincial and federal legislation and its enforcement. Some statistics on tobacco use in Canada are provided. A comprehensive and coordinated health promotion approach, involving specific strategies aimed at tackling the tobacco epidemic in Manitoba, is described.

The reader is encouraged to ask her/himself:

- **"What can my organization do to assist in implementing any of the proposed tobacco strategies?"**
- **"What can I personally do to assist in implementing any of the proposed tobacco strategies?"**
- **"Who can my organization, or I, work with to make some of these proposed tobacco strategies happen?"**
- **"What additional tobacco strategies might be considered?"**
- **"What can my organization, or I, commit to in implementing any of the proposed tobacco strategies?"**

A. Statistics on Tobacco

The following questions identify the major issues related to tobacco use in Manitoba and Canada.

1. Why Do Smokers Start?

- 37% of people who started smoking in the past 2 years said it was either because "everyone around me smokes" or because family or friends smoke. [9]
- 34% of smokers who increased their smoking habit from occasional to daily smoking cited stress as the main reason. [9]

2. What Factors Are Associated With Youth Smoking?

Relationships

- In Manitoba, 71% of all females and 70% of all males have at least one of a father, mother, sibling, or closest friend who smokes. [10]

First Cigarette

- 23% of females and 20% of males in Manitoba, who tried smoking, smoked their first cigarette at age 12. [10]
- Of all the youth in Manitoba who tried smoking, 80% have done so before 14 years of age. [10]

Access To Tobacco

- Of those Manitoba children 9-18 years who experimented with smoking, 63% of females and 57% of males received their first cigarette from a friend. [10]
- Among Manitoba children 9-18 years who are occasional and regular smokers, younger smokers indicate friends as the main source of cigarettes. [10]
- 59% or more of both females and males who have purchased cigarettes at a place of business have been refused the sale of cigarettes. [10]
- 67% or more of Manitoba youth aged 15-18 years, who purchased cigarettes at a place of business have been asked their age. [10]

Beliefs

- Most females and males aged 9-18 years think tobacco smoke can be harmful to non-smokers. [10]
- From age 11, most females and males believe that smokers can become addicted to tobacco. [10]

3. What Is The Prevalence* of Tobacco Use?

*(Existing number of smokers in given population at a certain time.)

- The prevalence of smokers aged 15 years and older in Manitoba was 27% in 1996-97. [8]
- More males (30%) than females (25%) aged 15 years and older smoke in Manitoba in all age groups except 15-19 years where more females than males smoke. [11,8]
- 66% or more of females and males aged 15 years and older in Manitoba have tried smoking. [10]
- The overall smoking prevalence within Manitoba has changed little between 1994-97 [8]; except for males and females within the 15-19 age group. [12]
- 36% of all female and 35% of all male smokers aged 15-18 years in Manitoba are occasional or regular (daily) smokers. [10]
- 25% of all females and 21% of all males aged 15-18 years in Manitoba are regular (daily) smokers. [10]
- Of all regular smokers in Manitoba, 74% of females and 65% males became regular smokers between the ages of 12-15 years. [10]
- Adolescence is a key period for experimenta tion with cigarettes and the establishment of smoking behaviour.
- Higher prevalence of smoking among those aged 15 years and older is found in both lower income and lower educational levels. [13]
- 6.7 million or 29% of Canadians aged 15 years and older are smokers, of whom 25% are daily smokers and 4% are occasional smokers. [8]
- 62% of First Nations and Inuit people in Canada smoke. [14]

4. What Are The Tobacco Consumption* Rates ?

*(Number of cigarettes smoked or used)

- The average number of cigarettes smoked per day by daily smokers aged 15 years and older in Manitoba was 17 and in Canada was 18 in 1996-97. [8]
- For Canadian youth aged 15-19 years in 1996-97, males smoked an average of 13 cigarettes per day and females smoked an average 11 cigarettes per day. [12]
- The average number of cigarettes smoked per day by First Nations and Inuit people in Canada is just less than a pack of 25 cigarettes. [14]

5. What Are Smokers' Intentions To Quit?

- Almost one-half (49%) of all daily smokers in Canada said they intended to quit in the next six months, with little difference between males and females. [11]
- More than 50% of Manitoba female and male daily smokers over the age of 13 years want to quit smoking. [10]

6. Why Do Smokers Quit?

- The most common reason cited for quitting was concerns about effects of smoking on their physical health. [15]
- Concern for health was cited as the main reason for quitting or for cutting down on the amount smoked. [11]

7. What Are The Facts About Second-Hand Smoke * (Environmental Tobacco Smoke - ETS)?

* (Second-hand smoke is the smoke inhaled and exhaled by a smoker and the smoke released directly from smoldering tobacco.)

- 43% of Manitoba children grades 5-12 are regularly exposed to second-hand smoke in their homes in 1999. [16]
- Children are at greater risk than adults from exposure to second-hand smoke because children have smaller airways and breathe more rapidly, thereby inhaling more air and more pollutants relative to their body weight. [17]
- Each year in Canada there are an estimated 171 pediatric deaths as a result of exposure to second-hand smoke. [18]
- Over one-half of all Canadians are physically irritated by second-hand smoke, including more than one-third of all smokers. [19]
- In 1995, smokers aged 15 years and older stated that 81% of their exposure to second-hand smoke (cigarette smoke) occurred in the home and at work. [20]
- In 1995, non-smokers aged 15 years and older stated that most of their exposure to cigarette smoke occurred at home, at work, in a restaurant or bar, or when visiting friends and relatives. [20]
- Each year in Canada an estimated 300 non-smokers die as a result of second-hand smoke-induced lung cancer. [18]
- Of Canadians aged 15 years and older surveyed, 88% of current smokers and 95% of non-smokers agreed non-smokers should have smoke-free work areas. [16]
- Second-hand smoke is associated with and causally linked to asthma, upper respiratory tract infections (i.e. bronchitis and pneumonia) and lower respiratory tract infections (i.e. colds and sore throats). [22]

8. What Are The Health Consequences of Tobacco Use?

- There were 1861 tobacco-related deaths in Manitoba in 1991. [23]

  (Tobacco killed more Manitobans than motor vehicle accidents, drugs, suicide, homicide and AIDS, all combined.)
- In 1992, 467 tobacco-related deaths were from lung cancer, 264 tobacco-related deaths were from ischemic heart disease, and 212 tobacco-related deaths from chronic obstructive pulmonary disease (COPD). [5]
- Tobacco use is a leading cause of disease, disability and premature death in Canada. [7]
- More than 40,000 Canadians die annually of smoking-attributable causes. [7,18]

- **Of all deaths in Canada, 20% can be attributed to tobacco use.** [25,26]
- **Young Canadians (aged 15 years) who smoke now are more than twice as likely to die before age 70 years than 15 year olds who never start to smoke.** [27]

9. What Are The Health-Related Economic Costs of Tobacco?

- **In 1993, the total economic costs associated with tobacco use in Canada were $11 billion , of which $3 billion was spent on direct health care costs and $8 billion was due to lost productivity.** [28]
- **In 1992, the total economic costs of tobacco use in Manitoba was $354 million, or $318 per capita.** [5]
- **These 1992 economic costs from tobacco use accounted for more than half of Manitoba's total substance abuse costs.** [5]
- **Indirect costs from tobacco use, which includes lost productivity due to morbidity and premature mortality, amounted to $245.6 million of Manitoba's 1992 total economic costs for tobacco.** [5]
- **Direct health care costs in Manitoba due to smoking were $103.3 million of the total economic costs for tobacco in 1992.** [5]
- **The remaining $2.1 million of Manitoba's 1992 total economic costs for tobacco was spent on direct costs for prevention and research, other direct costs due to fire damage, and direct losses in the workplace.** [5]

10. What Is The Tobacco Tax Revenue for Manitoba?

- **In 1997-98, the actual tobacco tax revenue collected in Manitoba was $112,752,433.** [29]

11. What Are Program, Research and Policy* Costs for Tobacco?

*(Policy costs are costs incurred as a result of decisions by policy makers and include all of the costs for prevention, research and law enforcement.)

- **Manitoba spent an estimated $0.2 million ($200,000.) on tobacco prevention programs in 1992.** [5]
- **Manitoba spent an estimated $1.3 million on tobacco research.** [5]
- **In Manitoba policy costs for tobacco are negligible as they represent less than 1% of the total economic costs for tobacco use.** [5]

The statistics presented clearly identify the seriousness of tobacco use in Manitoba and Canada. The facts are undeniable; tobacco use is a significant health, economic and social burden to all Manitobans.

B. Current Legislation

The law plays a significant role in combatting the tobacco epidemic in Manitoba. The combined laws (provincial, municipal and federal) determine where, how and to whom tobacco products are sold, how these tobacco products are packaged and labelled, where they may and may not be used publicly, the level of taxation, and if, where and how they may be advertised and promoted.

Tobacco control requires a coordinated effort between all levels of government. Federal legislation covers the advertising and promotion of tobacco products and health messages. Provincial legislation focuses mainly on retail sales and youth access. Provincial and municipal governments have passed laws or by-laws restricting smoking in public places.

1. Manitoba Legislation

Manitoba has two pieces of legislation that deal with tobacco. They are the Non-Smokers' Health Protection Act (1991), and the Tobacco Tax Act (1994).

The Non-Smokers' Health Protection Act [30]

The Act focuses on restricting smoking in public places and prohibiting the sale of tobacco products to minors. In enclosed public places including vehicles, smoking is banned except in designated smoking areas. Proprietors can designate areas if a sign is posted and if "reasonab'e steps to minimize the drifting of smoke into the non-smoking area" are taken. Smoking areas can be any size, except in restaurants where the maximum size is 50% of the seating area. All owners of enclosed public places must post clearly visible signs indicating where smoking is prohibited or permitted.

Smoking is banned in day cares or nursery schools, elementary and secondary schools, retail stores or shopping malls, elevators, and banks. This Act allows any municipality in Manitoba to pass a by-law to limit or ban smoking in any enclosed public place in the municipality.

In addition, the Non-Smokers' Health Protection Act prohibits the selling or offering of any tobacco products to persons under the age of 18 years. If a person is convicted of selling tobacco products to minors, the fines range from not more than $1000 for a first offence, to not more than $5000 for each subsequent offence. Fines for any other offences related to this Act range from not more than $100 for a first offence, to not more than $500 for each subsequent offence.

The Lieutenant-Governor in Council has the power to make regulations:

- exempting a class of enclosed public places from this Act;
- prescribing the maximum area designated as a smoking area in a class of enclosed public places;
- respecting the signs and the posting of signs required under this Act;
- respecting the packaging, the size of the packages, and the labelling of tobacco products.

The Tobacco Tax Act [31]

The Manitoba Tobacco Tax Act states that every purchaser of tobacco products must pay a tax at the rate of:

- 8 cents on every cigarette,
- 4 cents on every gram or fraction thereof of raw leaf tobacco, and
- $16.00 per carton.

All persons who sell tobacco products or keep tobacco for sale either retail or wholesale must purchase and possess a non-transferable licence issued by Manitoba's Minister of Finance. The Minister may refuse to issue a licence if the person has been convicted under this Act or The Non-Smokers' Health Protection Act.

Other Manitoba Regulations [32]

Under the Workplace Safety and Health Act, Section 4 (2J) employers are responsible for providing a safe and healthy workplace. The Manitoba Workplace Safety and Health Branch asks employers to deal with concerns over worker exposure to tobacco smoke. Employers are advised to meet with their own Safety and Health Committee or with worker representatives to discuss and resolve any issues around exposure to environmental tobacco smoke. The Workplace Safety and Health Branch encourages employers and workers to reduce or eliminate exposure to second-hand smoke (ETS) as far as is reasonably practicable. If a total smoking ban does not exist, designated smoking areas are usually established.

Views of Some Manitoba MLAs

It is important to consider the views of legislators since they are key players in the public policy process in Manitoba. The following summarizes the views of thirty-six Manitoba MLAs (64% of all Manitoba MLAs) who participated in n the 1996-97 Canadian Legislator Study [33] on tobacco and tobacco control.

What did Manitoba MLAs surveyed have to say?

Perceptions about Tobacco's Harmful Effects

- Strongly agreed that second-hand smoke can cause lung cancer in non-smokers: 60%
- Did not know tobacco causes a lot more deaths among Canadians than does alcohol: 70%

Attitudes Toward Smoking Policy Issues

Regulation of Tobacco as a Hazardous Product:

- Supported the regulation of tobacco as a hazardous product: 90%

Sales To Minors

- Felt that stricter rules about selling cigarettes to minors would reduce the number of young people smoking: 80%
- Supported stronger penalties for store owners for second-time convictions of selling cigarettes to minors: 70%

Packaging of Cigarettes

- Believed plain packaging would reduce the number of young people who smoked: 50%

Restrictions on Smoking

- Felt smoking should be completely banned in workplaces: 60%

Sponsorship and Advertising

- Felt associating tobacco company names with cultural events made tobacco seem like an ordinary consumer product: 50%
- Supported a ban on tobacco company sponsorship of cultural events: 60%
- Stated the government should regulate tobacco advertising, instead of allowing the tobacco industry to develop its own guidelines: 70%

Cigarette Taxes

- Felt a price increase of fifty cents to one dollar per cigarette package would reduce both the amount adults smoked and the number of young people who start to smoke regularly: 70%
- Supported a tax increase of fifty cents to one dollar per package of cigarettes: 60%

Role of Government in Tobacco Control

- Felt the government has a major responsibility with regard to programs and policies to prevent young people from starting to smoke: 70%
- Felt the government has a major responsibility with regard to programs and policies to help people quit smoking: 50%

2. Canadian Legislation

Canada has two Acts that deal with tobacco - the Non-Smokers' Health Act (1988), and The Tobacco Act (1997).

In addition to legislation, other important tobacco control initiatives occurred in Canada. There were significant tobacco tax increases of 2 cents per cigarette in 1989, and of 3 cents per cigarette in 1991. The resultant price increases decreased tobacco product sales, and they also triggered a major tobacco products smuggling problem. In 1992 the federal government implemented an export tax which successfully started to impact on the smuggling issue. This export tax was repealed in less than two months as a result of pressure from the tobacco industry. In 1994 taxes were rolled back by the federal government and five provinces as a result of smuggling-caused by tobacco manufacturers. [34]

The Non-Smokers' Health Act (1988) [35]

The Non-Smokers' Health Act regulates smoking in all federally regulated workplaces and in transport vehicles (aircrafts, ferries, ships, trains, intercity buses). Regulations ban smoking on Canadian air carriers. The Act sets limits on designated smoking areas on trains, ships, terminals and stations. Regulations under the Act prescribe conditions for designated smoking areas and rooms

Federal employers must ensure people do not smoke in designated smoke-free spaces under their control. Federal employers can ban smoking entirely since they are **not** required to establish smoking areas and they may not designate areas for smoking normally occupied by non-smokers.

Signs must be posted stating the prohibition of smoking. Inspectors are designated to inspect these federal premises and issue tickets for violations.

The Tobacco Act (1997) [36]

The Tobacco Act regulates advertising, sponsorship and other promotions by tobacco companies. The Act also authorizes regulations respecting retail displays of tobacco products, the sale of cigarettes, and the manufacture and packaging of tobacco products.

Provisions on tobacco advertising state such advertising must not be "lifestyle" advertising, nor appeal to youth, and must be a) sent by direct mail to adults, b) placed in publications whose readership is at least 85% adult, or c) placed in locations where persons under 18 years are excluded by law. Any other advertising using tobacco products or brand names is forbidden. Any celebrity testimonial or endorsement however displayed or communicated is forbidden by law. The Act forbids tobacco promotion using real or fictional persons, except those whose trademarks appeared on packages before December 2, 1996. Maximum penalties for summary convictions are $300,000 and/or 2 years in prison. Any false or misleading promotion is forbidden, and the maximum penalty for a summary conviction is $300,000 and/or 2 years in prison.

Tobacco sponsorships will be banned effective October 1, 2003. Partial restrictions come into force on October 1, 2000, although for new events the partial restrictions came into place October 1, 1998. The sale and advertising of non-tobacco goods with a tobacco brand are prohibited if the goods are lifestyle or youth-oriented.

The Act permits smoking accessories (matches, lighters) to display tobacco brand elements within the methods allowed for advertising cigarette products. The Act forbids any coupons, give-aways, cash rebates or games with the purchase of tobacco products.

The Act forbids the furnishing of tobacco products to youth under 18 years, in a public place or in a place to which the public reasonably has access, except if identification was asked for, presented, and there was good reason to believe it was authentic. The maximum penalties for a summary conviction are $3000 for a first offence and $50,000 for subsequent offences.

Regulations under the Act require retailers to post signs respecting the prohibition on sales to minors, unless exempt by regulations, such as in provinces with their own signage requirement. The sale of cigarettes must not be in less than package sizes of 20 cigarettes. The Act forbids self-serve displays from allowing customers to handle the package before the sale, unless exempted by regulations. Vending machines are forbidden in public places. Vending machines are permitted in places where the public does not have access (i.e. restaurant kitchen), and vending machines are allowed in bars and taverns. The maximum penalties for a summary conviction related to self-serve displays and vending machines are $3000 for the first offence and $50,000 for subsequent offences. Regulations under the Act may control how tobacco products and accessories are displayed, and the size, content, number and placement of price signs. Retail sales by mail and delivery across provincial borders are forbidden unless exempted by regulation. Advertising of interprovincial deliveries or mail-order sales are forbidden also, and the maximum penalty for a summary conviction is $300,000 and/or 2 years in prison.

The Act forbids the sale of tobacco products which do not have the health warnings and constituent labelling as required by regulation. The maximum penalty for offences related to the sale of tobacco products without the required health warnings and labels is $50,000 for a summary conviction of retailers and $300,000 and/or 2 years in prison for a summary conviction of manufacturers.

The Act forbids the sale of tobacco products which do not conform with regulated standards. Tobacco manufacturers can be required by regulation to provide reports on their tobacco products and their emissions. The government has the power to establish levels for cigarette and smoke ingredients; to prohibit additives; to establish test methods; to determine nicotine, tar and other levels; and to prescribe the information tobacco manufacturers are required to provide with regard to tobacco products, emissions, sales data, product composition, ingredients and hazardous properties.

3. Enforcement

A regulatory strategy is only as effective as its enforcement. Enforcement depends on how clearly the legislation defines the legal powers and the administrative instruments that relate to enforcement, and how supportive the public, government, and regulatory officials are of the goals of the legislation.

There are two full-time provincial enforcement officers, based in Winnipeg, who travel throughout Manitoba conducting enforcement activities. Between October, 1996 and March 31, 1999 there were 3315 compliance checks in Manitoba. From these compliance checks, 283 charges were laid under the Non-Smokers' Health Protection Act against retailers charged with selling tobacco to minors. Independent compliance check results have shown that Manitoba's compliance rates were 77% in 1996 (when the enforcement program began), 72% in 1997, and 68% in 1998. This downward trend may indicate that greater resources and a renewed approach to the whole issue of youth access to tobacco are required.

Manitoba has a joint contribution agreement with the federal government. The federal government and the Manitoba government each contribute 50/50 to hire tobacco enforcement officers. However, enforcement is a problem due to a limited number of enforcement officers and inspectors, many potential purchasers, and thousands of retail outlets.

4. Issues Around Current Legislation

The provincial government supports an enforcement program to ensure retailers are not selling tobacco products to minors. However, there is no enforcement of the provisions in the Non-Smokers Health Protection Act restricting smoking in public places, except in restaurants. The provision that requires proprietors to minimize drifting smoke is ineffective. The protection of non-smokers in the workplace is not consistently addressed by employers.

The issues identified around the current Manitoba tobacco legislation include:

- protecting non-smokers from the effects of second-hand smoke by banning smoking in all workplaces;
- strengthening and promoting existing legislation to regulate smoking in areas outside the City of Winnipeg;
- more concerted efforts at strengthening existing legislation by:
  - banning smoking in all public places,
  - further restricting youth access to tobacco products, and
  - imposing restrictions on advertising and promotion activities of the tobacco industry.

The reader is encouraged to ask her/himself:

- *"What can my organization do to assist in strengthening and extending existing tobacco legislation?"*
- *"What can I personally do to assist in strengthening and extending existing tobacco legislation?"*
- *"Who can my organization, or I, work with to make some of the changes to tobacco legislation happen?"*
- *"What additional regulations or legislation are needed in Manitoba?"*

Comprehensive Tobacco Control Strategies

A Comprehensive Tobacco Control Approach includes the components — Policy and Legislation; Industry Accountability; Programs and Services; Media and Communications; and Evaluation and Research. These components are delivered in different sites such as workplaces, communities-at-large, schools, health care settings and homes, and target different priority groups such as children, youth, aboriginals, and pregnant women. This Approach uses multiple communication channels and multiple interventions, implemented at the provincial, regional and community levels. By forming partnerships that complement each other, the specific strategies operate synergistically and strengthen and reinforce each other.

The goals of a Comprehensive Tobacco Control Approach are to prevent young people from starting to use tobacco and to reduce their access to tobacco; to protect the health and rights of non-smokers; to assist smokers with cessation; and to hold the industry accountable for its business practices and the damages that result from the use of its products. **This section of the discussion paper will identify successful strategies in tobacco control that exist, and will present specific tobacco control strategies under the components of Policy and Legislation; Programs and Services; Industry Accountability; media and Communications; and Evaluation and Research.** Although this document recognizes the significance of tobacco use among aboriginal people, the design of specific tobacco control strategies requires the expertise of the aboriginal groups themselves.

A. Successful Strategies in Tobacco Control

To address tobacco control effectively and efficiently, the approach must be comprehensive, sustainable and accountable. A Comprehensive Tobacco Control Approach consists of various components: a) Policy and Legislation that target people in workplaces, schools and public places, and the enforcement of such policy and legislation; b) Industry Accountability that monitors industry advertising and sponsorship and holds the industry accountable for damages that result from the use of its products; c) Programs and Services that focus on prevention, cessation, protection of non-smokers in various sites, the appropriate resources and demonstration projects; d) Media and Communications that establish Quitlines, workplace campaigns, and provide the necessary networking opportunities; and e) Evaluation and Research that evaluate existing projects and legislation, and survey different groups to monitor tobacco consumption and prevalence trends and public attitudes towards smoking and tobacco control initiatives.

Tobacco control programs of a comprehensive nature, which demonstrate a significant reduction in smoking, exist in California and Massachusetts.[37,38,39] These programs operate on stable continuous budgets, from funds secured from dedicated manufacturers' tobacco taxes. California spent about US $3.30 per capita annually between 1988-1996 and demonstrated a 40% decline in its smoking prevalence.[37,40] The Massachusetts Tobacco Control Program demonstrated an 18% decline in tobacco consumption in 2 years, and cost about US $3.30 per capita.[38,41] Australia conducted a QUIT campaign, which was only one tobacco control promotion program. This program witnessed a 1.5% to 2.6% annual decline in overall adult smoking rates and a major decline in the uptake of smoking among children, and cost the State of Victoria, Australia, about Australian $1.25 per capita.[39]

More comprehensive tobacco control approaches require more money per capita and depend on where the various strategies are at in terms of their stage of evolution. The U.S. Centers for Disease Control and Prevention estimate approximate annual costs to implement all recommended components to range from $7. to $20. per capita in smaller States with a population under 3 million.[42]

School tobacco control programs which successfully reduce prevalence and consumption of tobacco between 10%-40% cost US $0.50 per capita annually, and US $1.00 per capita for combined school and mass media interventions aimed mainly at youth.[43] An effective community program targets specific and multiple populations,

uses multiple effective strategies to facilitate behaviour change, targets influential factors contributing to tobacco use such as the individual, social and environmental factors, uses multiple channels of access to target populations, and uses evaluation data to strengthen the program. [44]

Both California and Massachusetts use comprehensive school-based programs to reduce smoking rates. [40,41] California integrated tobacco use prevention education into core curricula such as language arts, social studies, mathematics and science. [45]

California provided cessation assistance to smokers in the form of self-help materials, counselling or prescription medications. [40] The Massachusetts evaluation stated that successful cessation strategies must reinforce the smokers' motivation to quit and make available tools and services to assist smokers with the quitting process. [41] Massachusetts' planned marketing strategy for smoking cessation used the mass media and other public information efforts to successfully urge smokers to quit by providing triggers to boost the smokers' motivation to quit. [38] Both California and Massachusetts provided smokers who were ready to quit with a toll-free help line for telephone counselling services, which was accessed by hard-to-reach cultural minorities. [38] In Australia, tobacco packages featured a warning message on the front and an explanatory message on the back, along with a telephone number for an information service. [39] California is currently developing and piloting cessation programs for adolescents. [40] Massachusetts offers a series of cessation counselling sessions instead of punishment for students who violate the schools' tobacco-free policies. [38]

The maintenance of a smoke-free work area was associated with a 14% reduction in smoking prevalence in California. The prevalence of regular smokers in tobacco-free work sites was 13% compared to 20% regular smokers in work sites with no restrictions. [40] Lowe and Neale make the following conclusions: 1) most unions believe second-hand smoke (ETS) is one of many hazards faced by workers and the smoking issue must be addressed in the larger context of occupational health and safety; and 2) workplace policies banning smoking, while at the same time providing designated smoking areas as well as cessation programs for smokers, are most likely to reduce second-hand smoke (ETS) and encourage smokers to quit. [47]

There is no mandatory provincial tobacco prevention program in Manitoba schools. The Tobacco component is part of the Substance Use Unit of the Manitoba Health Curriculum and is an optional unit. Although some Manitoba school divisions may have made the Substance Use Unit mandatory, it may not be taught regularly or at all.

B. Policy and Legislation

Legislators across Canada and the United States are tackling the tobacco epidemic and creating new tobacco legislation. The Canadian Legislator Study indicates that Manitoba legislators support the regulation of tobacco as a hazardous product. A Comprehensive Tobacco Control Approach includes strategies related to Policy and Legislation that target different priority groups and are delivered in different sites. The following is a list of recommended Policy and Legislation strategies.

Policy

- **Create a price policy on tobacco to reduce teen consumption.A 10% increase in the relative price of cigarettes would likely result in a 6% decrease in consumption per smoker and a 14% decrease in smoking prevalence among 15-19 year olds.** [48]
- **Harmonize tobacco tax rates between provinces and bordering U.S. states. These tax policies must keep pace with inflation and rising incomes.**
- **Increase taxes on fine cut tobacco so that the tax on 1 gram of fine cut equals the tax on one cigarette.**
- **Lobby the federal government to impose an export tax structured so as to eliminate price differentials between Canadian domestic and export tobacco products.**

- Create an enforcement policy that uses funds from tobacco tax revenues to provide a coordinated, consistent enforcement team of provincial enforcement officers, federal inspec tors and regionally appointed enforcement personnel.
- Hire additional enforcement officers using funds from annual tobacco budget.
- Create a funding policy that requires Regional Health Authorities to include tobacco reduction as a core activity in their annual business plans. Each health region should commit financial and human resources toward tobacco reduction.
- Reimburse consumers for the cost of smoking cessation products such as nicotine gum, nicotine patch and Zyban. Allow this products to be sold over-the-counter as opposed to by prescription.
- If provincial legislation does not ban smoking in all public places and workplaces, create new Workers Compensation legislation whereby workplaces must have a certain level of smoking regulations to be eligible for workers compensation benefits. Workplace smoking regulations would increase the public's percep tion of non-smoking as the social norm, emphasize that smoking and second-hand smoke are health hazzards, and serve as a motivator in smoking cessation.
- If provincial legislation does not ban smoking in all public places and workplaces, create a Community Grants Policy that provides funding incentives to regions and municipalities to develop and implement by-laws regulating smoking in public places to reflect second-hand smoke as a health hazard, restricting youth access to tobacco products, and enforcing these smoking by-laws by designating local enforcement officers.
- Identify a provincial coordinating body or resource group to assist Regional Health Authorities in developing effective tobacco control strategies, and build capacity to systematically control tobacco activity by:
  - Educating regions/communities on how to develop by-laws regulating smoking;
  - Training identified staff selected by the community to enforce these by-laws;
  - Designing awareness media campaigns about the health effects of smoking and available cessation services;
  - Designing education literature aimed at specific priority groups in various sites;
  - Training health care workers in the regions on smoking cessation and ETS exposure; and
  - Educating regions/ communities about restricting tobacco sales to minors.
- Create policy that directs tobacco funds to evaluation and research of tobacco control strategies.

Legislation

- Create an annual minimum secured budget of $ 7.00 per capita ($7 million) which recovers the cost of the tobacco strategies from tobacco manufacturers (based on CDC budget recom mendations for a population under 3 million). [42]
- Charge tobacco manufacturers an annual licencing fee to cover the cost of the tobacco strategies.
- Create an even tax on all tobacco products which would equalize tax rates between manufactured cigarettes and cigarette equivalents (roll-your-own tobacco).
- Create a differential tax which would tax tobacco products differently depending on the level of harmful or addictive substances contained in the products. (i.e. the higher the level of these substances in a product, the higher the tax)
- Expand on existing legislation to:
  - Improve tobacco markings on every cigarette package and colour-coded by province.
  - Require plain packaging to reduce the allure of tobacco products among youth.
  - Require product toxicity by forcing tobacco manufacturers to adhere to product standards.

- Ban smoking in all public places and workplaces.
- Limit youth access to tobacco products by making it illegal for minors to purchase tobacco products and attach fines for such convicted offences.
- Require photo-identification to purchase tobacco products.
- Raise the legal age for purchasing tobacco products to 19 years.
- Revise driver's licenses so they have a visibility strip stating "not 19 years until _____".
- Require all tobacco sales to be in a face-to-face exchange.
- Reduce access to tobacco by prohibiting sales in hospitals, pharmacies, health facilities, government buildings, the Legislative Assembly, licensed establish ments, places prescribed by regulation.
- Ban vending machines.
- Require signs at retail indicating that it is illegal to sell to people under 19 years.
- Require signs at retail providing a health warning, or another message discouraging smoking.
- Establish government regulatory authority over package display at retail. Ban counter top displays.
- Establish regulatory authority over advertising and promotion. Ban lifestyle advertising, including sponsorship promo tions. Ban incentive promotions and free distribution. Ban misleading advertising.
- Establish regulatory authority to determine product standards.
- Ban "slims", "long"/ "luxury length", menthol cigarettes, and smokeless tobacco (flavoured and regular).
- Prohibit tobacco from being sold at sale prices.
- Ensure that ticketing can be used as a means to enforce the law.
- Ban candy cigarettes and other imitation tobacco products.
- Ban the growing of tobacco except for ceremonial/ religious purposes.

- Require tobacco manufacturers and distributors to file reports on sales volumes, marketing expenditures, marketing activities and studies, other research studies, product ingredients and emissions, and lists of retailers.
- Require the Minister of Health to prepare an annual report on the Manitoba government's tobacco control strategies/ activities.
- Adopt legislation that permits litigations against tobacco companies for financial compensation.

C. Industry Accountability

A Comprehensive Tobacco Control Approach includes strategies related to Industry Accountability. The following is a list of recommended Industry Accountability strategies.

- Charge the tobacco manufacturers an annual licensing fee to cover the costs of the tobacco strategies.
- Tax tobacco products differentially depending on the level of harmful or addictive substances contained in the products. (I.e. the higher the level of these substances in a product, the higher the tax)
- Require tobacco manufacturers and distributors, to file reports on sales volumes, marketing expenditures, marketing activities and studies, other research studies, product ingredients and emissions, and lists of retailers.
- Establish regulatory authority over advertising, promotions, sponsorships, constituent reporting and product control.

D. Programs and Services

A Comprehensive Tobacco Control Approach includes strategies related to Programs and Services that target different priority groups and are delivered in different sites. The following is a list of recommended Programs and Services strategies.

- Host an annual tobacco control strategies conference to share successes and new research.
- Promote existing school smoking prevention programs that meet most of the efficacy criteria, or develop appropriate programs.
- Develop and evaluate resource materials to fill the gaps in the existing school smoking prevention programs and to meet the needs of various priority groups (i.e. young women, teenagers, aboriginals)
- Offer training opportunities for resource people who will implement school-based programs to ensure effective and proper implementation.
- Ensure effective program implementation by:
  - Promoting actively tobacco use prevention programs,
  - Training properly appropriate health and education professionals and/or community people professionals,
  - Ensuring sufficient and appropriate re sources, and
  - Ensuring sufficient time in existing school curricula.
- Design comprehensive educational and environmental approaches to create schools that promote and sustain non-smoking, especially as youth move through high school.
- Develop culturally appropriate prevention and cessation programs for communities by community groups.
- Ensure that school-based tobacco programs fit under a comprehensive school health (CSH) umbrella, addressing curricula instruction, support services for schools, students and families, social support, and a healthy environment.
- Develop cessation programs and services geared to young teens who have only smoked a short time and may have more success quitting.
- Offer effective cessation programs in schools, workplaces and communities for students, employees and the general public.
- Reinforce cessation efforts in the workplace by subsidizing course fees, offering courses at convenient times, offering in-house cessation programs or subsidizing employees to attend community-based cessation programs.
- Train health care workers such as physicians, dentists, public health nurses, nutritionists and physiotherapists, in assessing tobacco use as a routine part of patient care and then providing referral, or counselling, or prescription medications.
- Provide funding to physicians for assessment, referral and counselling on tobacco use.
- Establish a health care program to actively track patients' smoking and provide educational materials to people wanting to quit.
- Create a provincial toll-free Quitline for smokers who require information on available, local resources, and counselling services.
- Offer partial PharmaCare coverage to smokers on cessation prescription medications.
- Offer Community Grants to regions/communi ties to support the development, delivery, and evaluation of school-based and community-based approaches to tobacco control.

E. Media and Communications

A Comprehensive Tobacco Control Approach includes strategies related to Media and Communications that target different priority groups and are delivered in different sites. The following is a list of recommended Media and Communications strategies.

- Advocate with all tobacco control stakeholders to include tobacco control strategies in their business plans.
- Create a unifying logo that links participating stakeholders' activities and provides a common message.
- Use the mass media to market tobacco prevention and cessation programs, and engage in an education campaign to discourage smoking.
- Use existing formal and informal networks to communicate tobacco control successes and failures.
- Provide support networks and communication links for all stakeholders and communities which increase capacity-building of a sustainable nature.
- Conduct media campaigns regularly targetting priority groups on prevention, protection and cessation. The media campaigns must feature consistent, common messages such as non-smoking is the norm and perceived as the norm, the immediate risks of tobacco use, second-hand smoke is not just a nuisance but a health hazard, toll-free provincial Quitline offering counselling services.
- Encourage families to have smoke-free homes.
- Disseminate findings on effective tobacco control programs and services for priority groups in various sites in Manitoba.

F. Evaluation and Research

A Comprehensive Tobacco Control Approach includes strategies related to Evaluation and Research that target different priority groups and are delivered in different sites. The following is a list of recommended Evaluation and Research strategies.

- Establish a set of information requirements to guide the collection and use of tobacco-related data in Manitoba.
- Develop evaluation frameworks for both process and outcomes evaluations at the provincial, regional and community levels.
- Undertake regular and comprehensive surveillance evaluation to monitor the tobacco use prevalence and consumption in Manitoba.
- Establish evaluation as a criterion for receipt of provincial funding for tobacco control strategies.
- Develop a standardized questionnaire to conduct school health audits on youth health-related behaviours, including tobacco use, to monitor youth behaviour changes and to guide intervention strategies.
- Conduct research to establish baselines to monitor:
  - Youth attitudes and behaviours related to tobacco use.
  - Public awareness about tobacco and laws regulating smoking.
  - Enforcement of legislation provincially.
  - Effectiveness of prevention and cessation programs.
  - Health care workers counselling of patients on cessation.
  - All municipalities in Manitoba to assess existing legislation to regulate smoking and its enforcement.
  - Effectiveness of protective measures (i.e. legislation).
- Fund evaluation and research of school-based and community-based tobacco control programs.
- Establish a set of standardized measures by which tobacco control programs and services may be monitored and evaluated.

What's Next?

Participation, leadership, commitment and concordance are required from stakeholders to effectively coordinate, implement and evaluate a Comprehensive Tobacco Control Approach in Manitoba. It is essential that the questions posed to the reader earlier be revisited.

- *"What can my organization do to assist in implementing any of the proposed tobacco strategies?"*
- *"What can I personally do to assist in imple menting any of the proposed tobacco strategies?"*
- *"Who can my organization, or I, work with to make some of these proposed tobacco strategies happen?"*
- *"What additional tobacco strategies might be considered?"*
- *"What can my organization, or I, commit to in implementing any of the proposed tobacco strategies?"*

The steps toward action are:

- **Reflect on the questions stated above.**
- **Discuss this document with your organization.**
- **Participate in any consultations for stakeholders and potential partners on a comprehensive approach to tobacco control in Manitoba.**
- **Seek the commitment and concordance of your organization.**
- **Identify specific roles and responsibilities of your organization.**
- **Encourage other stakeholders to demonstrate leadership by placing the tobacco control issue on their business agendas.**

End Notes

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